

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

09/21/2006

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**License and
Certification
Numbers**

**DIRECTORY OF LICENSED WISCONSIN HOME
HEALTH AGENCIES by County Served**

*Please note all facilities below are certified to serve Medicare recipients.
Those also certified to serve Medicaid recipients are indicated at the left.*

STATE OF WISCONSIN

Bureau of Quality Assurance

P.O. Box 2969

Madison, WI 53701-2969

| Provider Name and Address | Administrator and Phone | Region |
|---------------------------|-------------------------|--------|
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COUNTY SERVED: Milwaukee

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|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------|
| Lic. 1022 Cert. 52-7280 Certified for Medicaid | LS PROFESSIONAL COMFORT HOMES, INC. 14665 W LISBON RD STE 1B BROOKFIELD, WI 53005 | LAURA STAMM (262) 781-0448 FAX: (262) 781-1307 | SOUTHEASTERN |
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| Services Provided: | Home Health Aide Physical Therapy | Nursing Care Speech Pathology | Occupational Therapy | Personal Care Worker |
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| Lic. 1009 Cert. 52-7273 Certified for Medicaid | UNIVERSAL PEDIATRIC SERVICES, INC. 17100 W BLUEMOUND RD, SU 101 BROOKFIELD, WI 53005 | LINDA ZAJORK (262) 782-8292 FAX: (262) 782-8175 | SOUTHEASTERN |
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| Services Provided: | Home Health Aide | Nursing | | |
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| Lic. 280 Cert. 52-7238 Certified for Medicaid | HEARTLAND HOME HEALTH CARE AND HOSPICE 13255 W BLUEMOUND RD STE 100 BROOKFIELD, WI 53005 | JEFFREY PAUL (262) 641-6620 FAX: (262) 641-6624 | SOUTHEASTERN |
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| Services Provided: | Home Health Aide Physical Therapy | Medical Social Service Speech Therapy | Nursing Care | Occupational Therapy |
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| Lic. 150 Cert. 52-7083 Certified for Medicaid | HORIZON HOME CARE & HOSPICE, INC. 8949 N DEERBROOK TR BROWN DEER, WI 53223 | MARY HAYNOR (414) 365-8300 FAX: | SOUTHEASTERN |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------|--------------|

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|-------------------------------|------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| Services Provided: | Appliances And Equipment Nursing Care Pharmacy | Home Health Aide Nutritional Guidance Physical Therapy | Homemaker Occupational Therapy Speech Therapy | Medical Social Service Personal Care Worker |
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Branch: HORIZON HOME CARE & HOSPICE, INC.
110 LONE OAK LANE
HARTFORD WI 53027
PHONE: (414) 673-8400 **FAX:**

| | | | |
|----------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------|
| Lic. 1032 Cert. 52-7283 | REGAL HOME HEALTH SERVICES, INC. 5600 W BROWN DEER RD SU 107 BROWN DEER, WI 53223 | EUNICE AGUWA (414) 355-7801 FAX: (414) 355-7802 | SOUTHEASTERN |
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| Services Provided: | Home Health Aide Personal Care Worker | Medical Social Service Physical Therapy | Nursing Care Speech Therapy | Occupational Therapy |
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Branch: REGAL HOME HEALTH SERVICES
6767 WEST GREENFIELD AVE
WEST ALLIS WI 53214
PHONE: (414) 256-0020 **FAX:**

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Region

COUNTY SERVED: Milwaukee

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| Lic. 1057 | HOME & HOSPICE ADVANTAGE | JEFFREY PAUL | SOUTHEASTERN |
| Cert. 52-7295 | 12700 W. BLUEMOUND RD, SU 200 | (262) 786-9002 | |
| | ELM GROVE, WI 53122 | FAX: (262) 786-9003 | |

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|---------------------------|--------------------------|----------------------|----------------------|------------------------|
| Services Provided: | Appliances And Equipment | Home Health Aide | Laboratory | Medical Social Service |
| | Nursing Care | Nutritional Guidance | Occupational Therapy | Pharmaceutical |
| | Physical Therapy | Speech Therapy | | |

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| Lic. 1055 | QUALITY HOME HEALTH CARE, INC. | LYNETTE STEFANEC | SOUTHEASTERN |
| Cert. 52- | 6619 PARKEDGE CIRCLE | (414) 315-3717 | |
| | FRANKLIN, WI 53132 | FAX: | |

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|---------------------------|--------------------------|------------------|----------------------|----------------------|
| Services Provided: | Appliances And Equipment | Home Health Aide | Homemaker | Laboratory |
| | Medical Social Service | Nursing | Nutritional Guidance | Occupational Therapy |
| | Personal Care Worker | Pharmaceutical | Physical Therapy | |

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| Lic. 1035 | THE CARING HEART | CARLEEN TRENTADUE | SOUTHEASTERN |
| Cert. 52-7289 | 4133 COURTNEY ST. #7B | (262) 835-2887 | |
| Certified for Medicaid | FRANKSVILLE, WI 53126 | FAX: (262) 835-4538 | |

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| Services Provided: | Home Health Aide | Homemaker | Nursing Care | Nutritional Guidance |
| | Occupational Therapy | Personal Care Worker | Physical Therapy | |

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| Lic. 1062 | BRIGHTSTAR HEALTHCARE | CORY SCHNEIDER | SOUTHEASTERN |
| Cert. 52- | 5261 N PORT WASH RD, S201 | (414) 332-3884 | |
| | GLENDALE, WI 53217 | FAX: (414) 332-3887 | |

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| Services Provided: | Home Health Aide | Homemaker | Medical Social Service | Nursing |
| | Nutritional Guidance | Occupational Therapy | Personal Care Worker | Physical Therapy |
| | Speech Therapy | | | |

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| Lic. 170 | PROHEALTH HOME CARE, INC. | MARY JO O'MALLEY | SOUTHEASTERN |
| Cert. 52-7178 | 1020 JAMES DR STE E | (262) 928-7444 | |
| Certified for Medicaid | HARTLAND, WI 53029 | FAX: (262) 928-7446 | |

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| Services Provided: | Home Health Aide | Homemaker | Laboratory | Medical Social Service |
| | Nursing Care | Nutritional Guidance | Occupational Therapy | Physical Therapy |
| | Speech Therapy | | | |

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| Lic. 1023 | QUALITY ASSURANCE HOME HEALTH SERVICES | ANGELA GARDNER-ARYEETAY | SOUTHEASTERN |
| Cert. 52-7279 | 8320 W BEATRICE CT PO BOX 240873 | (414) 362-0362 | |
| Certified for Medicaid | MILWAUKEE, WI 53224 | FAX: (414) 362-0313 | |

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| Services Provided: | Home Health Aide | Homemaker | Nursing Care | Occupational Therapy |
| | Personal Care Worker | Physical Therapy | | |

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Region

COUNTY SERVED: Milwaukee

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| Lic. 179 | WHEATON FRANCISCAN HOME HEALTH | SHARON POVLIICH | SOUTHEASTERN |
| Cert. 52-7187 | 9688 W APPLETON AVE | (414) 535-6900 | |
| Certified for Medicaid | MILWAUKEE, WI 53225 | FAX: (414) 535-7046 | |

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| Services Provided: | Home Health Aide | Medical Social Service | Nursing Care | Occupational Therapy |
| | Personal Care Worker | Physical Therapy | Speech Therapy | |

Branch: WHEATON FRANCISCAN HOME HEALTH & HOSPIC **PHONE:** (262) 884-2980 **FAX:** (262) 884-2999
1055 PRAIRIE DRIVE
RACINE WI 53406

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| Lic. 326 | AFFILIATED HOME HEALTH CARE, INC. | SHARON RUSCH | SOUTHEASTERN |
| Cert. 52-7257 | 816 W NATIONAL AVE | (414) 389-0371 | |
| Certified for Medicaid | MILWAUKEE, WI 53204 | FAX: (414) 389-9380 | |

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| Services Provided: | Home Health Aide | Laboratory | Medical Social Service | Nursing Care |
| | Occupational Therapy | Personal Care Worker | Physical Therapy | Speech Therapy |

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| Lic. 1029 | MAXIM HEALTHCARE SERVICES, INC. | MILES MEIBERS | SOUTHEASTERN |
| Cert. 52-7287 | 3077 N. MAYFAIR RD. SU 200 | (414) 475-9330 | |
| Certified for Medicaid | MILWAUKEE, WI 53222 | FAX: (414) 475-9350 | |

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| Services Provided: | Home Health Aide | Nursing Care | Occupational Therapy | Personal Care Worker |
| | Physical Therapy | Speech Therapy | | |

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| Lic. 312 | "YOUR NURSE" HOME HEALTH CARE INC | BRENT DUCHEMIN | SOUTHEASTERN |
| Cert. 52-7255 | 5818 W BLUEMOUND RD | (414) 774-9400 | |
| Certified for Medicaid | MILWAUKEE, WI 53213 | FAX: (414) 774-9432 | |

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| Services Provided: | Home Health Aide | Homemaker | Laboratory | Medical Social Service |
| | Nursing Care | Occupational Therapy | Personal Care Worker | Pharmaceutical |
| | Physical Therapy | Speech Therapy | | |

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| Lic. 23 | METRO HOME HEALTH SERVICES, INC. | SIMONA JOHNSON | SOUTHEASTERN |
| Cert. 52-7121 | 6014 W CONGRESS ST | (414) 464-4490 | |
| Certified for Medicaid | MILWAUKEE, WI 53218 | FAX: (414) 464-6114 | |

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| Services Provided: | Home Health Aide | Homemaker | Nursing Care | Nutritional Guidance |
| | Occupational Therapy | Personal Care Worker | Physical Therapy | Speech Therapy |

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| Lic. 147 | LAABS HOME HEALTH CARE, INC. | LINDA WANGARD | SOUTHEASTERN |
| Cert. 52-7177 | 619 N 35TH ST | (414) 342-7442 | |
| Certified for Medicaid | MILWAUKEE, WI 53208 | FAX: (414) 342-5666 | |

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| Services Provided: | Home Health Aide | Nursing Care | Personal Care Worker | |
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|-------------------------------|------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------|
| Lic. 123 | BARRY HEALTHCARE SERVICES, INC. | BARBARA BARRY | SOUTHEASTERN |
| Cert. 52-7143 | 312 E WISCONSIN AVE ST 410 | (414) 272-9990 | |
| Certified for Medicaid | MILWAUKEE, WI 53202 | FAX: (414) 274-7555 | |
| Services Provided: | Home Health Aide Nursing Care Physical Therapy | Homemaker Nutritional Guidance Speech Therapy | Laboratory Occupational Therapy Medical Social Service Personal Care Worker |

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| Lic. 81 | AURORA VISITING NURSE ASSOCIATION OF WISCONSIN | MARK HILGART | SOUTHEASTERN |
| Cert. 52-7001 | 11333 W NATIONAL AVE | (414) 327-2295 | |
| Certified for Medicaid | MILWAUKEE, WI 53227 | FAX: (414) 328-4496 | |
| Services Provided: | Appliances And Equipment Medical Social Service Personal Care Worker | Home Health Aide Nursing Care Physical Therapy | Homemaker Nutritional Guidance Speech Therapy Laboratory Occupational Therapy |

Branch: AURORA VNA OF WISCONSIN -LAKE GENEVA BRAN **PHONE:** (262) 249-5860 **FAX:** (262) 249-5870
500 INTERCHANGE NORTH
LAKE GENEV WI 53147

Branch: AURORA VNA OF WISCONSIN- JACKSON BRANCH **PHONE:** (262) 677-1450 **FAX:** (262) 677-1451
W194 N16727 EAGLE DRIVE
JACKSON WI 54037

Branch: AURORA VNA OF WISCONSIN-MANITOWOC BRANC **PHONE:** (920) 682-8188 **FAX:** (920) 682-8228
1002 NORTH 21ST ST.
MANITOWOC WI 54220

Branch: AURORA VNA OF WISCONSIN-SOUTH SHORE BRAN **PHONE:** (414) 489-4060 **FAX:** (414) 489-4195
5900 SOUTH LAKE DRIVE
CUDAHY WI 53110

Branch: AURORA VNA OF WISCONSIN-SHEBOYGAN BRANC **PHONE:** (920) 458-4314 **FAX:** (920) 453-3943
2314 KOHLER MEMORIAL DR.
SHEBOYGAN WI 53081

Branch: AURORA VNA OF WISCONSIN-WALNUT BRANCH **PHONE:** (414) 328-2295 **FAX:** (414) 374-7712
336 W. WALNUT STREET, SU
MILWAUKEE WI 53212

Branch: AURORA VNA OF WISCONSIN-KENOSHA BRANCH **PHONE:** (262) 657-2836 **FAX:** (262) 652-0419
5024 GREEN BAY ROAD, SU 1
KENOSHA WI 53144

Branch: AURORA VNA OF WISCONSIN-HARTLAND BRANCH **PHONE:** (414) 327-2295 **FAX:** (262) 369-4712
1005 RICHARDS RD, BLDG. B,
HARTLAND WI 53029

Branch: AURORA VNA OF WISCONSIN-OSHKOSH BRANCH **PHONE:** (920) 232-3696 **FAX:** (920) 232-3585
700 WEST HAVEN DRIVE
OSHKOSH WI 54904

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Provider Name and Address

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Region

COUNTY SERVED: Milwaukee

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| Lic. 1052 | TKO HOMECARE LLC | TAMARA VASSER | SOUTHEASTERN |
| Cert. 52-7292 | 5401 NORTH 76TH STREET | (414) 616-8920 | |
| | MILWAUKEE, WI 53218 | FAX: (414) 759-7638 | |

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| Services Provided: | Home Health Aide | Laboratory | Medical Social Service | Nursing Care |
| | Nutritional Guidance | Occupational Therapy | Physical Therapy | Speech Therapy |

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| Lic. 1063 | HIGHLANDER HOME HEALTH CARE | BAO VANG | SOUTHEASTERN |
| Cert. 52- | 5626 N. 91ST STREET, SU 203 | (414) 916-1203 | |
| | MILWAUKEE, WI 53225 | FAX: | |

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| Services Provided: | Home Health Aide | Homemaker | Medical Social Service | Nursing |
| | Personal Care Worker | | | |

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| Lic. 1058 | CHRISTY HOME HEALTH CARE, LLC | BOSEDE AWOSIKA | SOUTHEASTERN |
| Cert. 52- | 5150 NORTH 32ND STREET | (414) 535-7682 | |
| | MILWAUKEE, WI 53209 | FAX: | |

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| Services Provided: | Home Health Aide | Medical Social Service | Nursing | Occupational Therapy |
| | Personal Care Worker | Physical Therapy | Speech Therapy | |

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| Lic. 309 | MIDAMERICA HEALTHCARE CORPORATION OF WISCONSIN | GEORGE HUTTO | SOUTHEASTERN |
| Cert. 52-7256 | 811 NORTH HAWLEY ROAD | (414) 578-2961 | |
| Certified for Medicaid | MILWAUKEE, WI 53213 | FAX: (414) 578-2962 | |

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| Services Provided: | Home Health Aide | Laboratory | Medical Social Service | Nursing Care |
| | Occupational Therapy | Personal Care Worker | Physical Therapy | Speech Therapy |

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| Lic. 1037 | OUTREACH HEALTHCARE, INC. | DEANNA BAJANEN | SOUTHEASTERN |
| Cert. 52-7288 | 2778 SOUTH 35TH STREET | (414) 341-9760 | |
| | MILWAUKEE, WI 53215 | FAX: (414) 431-9760 | |

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| Services Provided: | Appliances And Equipment | Home Health Aide | Nursing Care | Occupational Therapy |
| | Personal Care Worker | Physical Therapy | Speech Pathology | |

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| Lic. 1046 | COMMUNITY HOME HEALTH CARE, INC. | ROSIE JACKSON | SOUTHEASTERN |
| Cert. 52- | 7528 W. APPLETON AVENUE | (414) 393-1340 | |
| Certified for Medicaid | MILWAUKEE, WI 53216 | FAX: (414) 393-1344 | |

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|---------------------------|----------------------|----------------------|------------------------|--------------|
| Services Provided: | Home Health Aide | Homemaker | Medical Social Service | Nursing Care |
| | Nutritional Guidance | Personal Care Worker | | |

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| Provider Name and Address | Administrator and Phone | Region |
|---------------------------|-------------------------|--------|
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COUNTY SERVED: Milwaukee

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|----------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------|
| Lic. 240 Cert. 52-7212 Certified for Medicaid | HANNAH HOME HEALTH CARE, INC. 318 N ROCHESTER ST MUKWONAGO, WI 53149 | ELMERITO HANNAH (262) 363-2500 FAX: (262) 363-3199 | SOUTHEASTERN |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------|

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| Services Provided: | Home Health Aide Personal Care Worker | Medical Social Service Physical Therapy | Nursing Care Speech Therapy | Occupational Therapy |
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| Lic. 247 Cert. 52- Certified for Medicaid | CORAM ALTERNATE SITE SERVICES, INC. 17012 W. VICTOR ROAD NEW BERLIN, WI 53151 | JAMES PENDERGAST (262) 785-9318 FAX: (262) 785-0484 | SOUTHEASTERN |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------|

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| Services Provided: | Appliances And Equipment Nursing Care Physical Therapy | Home Health Aide Nutritional Guidance Speech Therapy | Laboratory Occupational Therapy | Medical Social Service Pharmaceutical |
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| Lic. 1025 Cert. 52-7286 Certified for Medicaid | OCONOMOWOC HOME HEALTH CARE, LLC 1746 EXECUTIVE DRIVE OCONOMOWOC, WI 53066 | DIANNE PRIEGEL (262) 569-5515 FAX: (262) 569-6339 | SOUTHEASTERN |
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| Services Provided: | Home Health Aide Speech Therapy | Nursing Care | Occupational Therapy | Personal Care Worker |
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| Lic. 3 Cert. 52-7098 Certified for Medicaid | GENTIVA HEALTH SERVICES 1300 S GR BAY RD STE 200 RACINE, WI 53406 | PATRICK TOPP (262) 636-9036 FAX: (262) 636-9029 | SOUTHEASTERN |
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| Services Provided: | Home Health Aide Personal Care Worker | Medical Social Service Physical Therapy | Nursing Care Speech Therapy | Occupational Therapy |
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|----------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------|
| Lic. 305 Cert. 52-7249 Certified for Medicaid | SAI HOME HEALTH CARE, INC. 5200 WASHINGTON AVE STE 227 RACINE, WI 53406 | BRUCE NELSEN (262) 632-5886 FAX: (262) 632-0074 | SOUTHEASTERN |
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| Services Provided: | Home Health Aide Physical Therapy | Medical Social Service Speech Therapy | Nursing Care | Occupational Therapy |
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| Branch: | SAI HOME HEALTH CARE, INC. 5727 6TH AVENUE KENOSHA WI 53140 | PHONE: (262) 657-3999 | FAX: |
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| Branch: | SAI HOME HEALTH CARE, INC. 615 S. GENEVA STREET ELKHORN WI 53121 | PHONE: (800) 260-7704 | FAX: |
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Administrator and Phone

Region

COUNTY SERVED: Milwaukee

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| Lic. 1041 | UNIVERSAL HOME HEALTH CARE, INC. | JOSHUA LEE | NORTHEASTERN |
| Cert. 52- | 933 ERIE AVENUE, SUITE 9 | (920) 452-3370 | |
| | SHEBOYGAN, WI 53081 | FAX: (920) 452-3380 | |

**Services
Provided:**

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|-----------|---------------------------------------------------------|----------------------------|--------------|
| Lic. 225 | NURSING CONSULTATION & CARE MANAGEMENT, LTD. | DAVE WOLFF | SOUTHEASTERN |
| Cert. 52- | 3878 N. MORRIS BOULEVARD | (414) 964-8800 | |
| | SHOREWOOD, WI 53211 | FAX: (414) 964-8826 | |

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| Services Provided: | Home Health Aide | Homemaker | Nursing Care | Personal Care Worker |
|-------------------------------|------------------|-----------|--------------|----------------------|

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| Lic. 220 | LUTHERAN SOCIAL SERVICES - HOME CARE | MARY HALLMAN | SOUTHEASTERN |
| Cert. 52-7204 | 2000 BLUEMOUND RD | (262) 896-3444 | |
| Certified for Medicaid | WAUKESHA, WI 53186 | FAX: (262) 896-3450 | |

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| Services Provided: | Home Health Aide | Nursing Care | Occupational Therapy | Personal Care Worker |
| | Physical Therapy | Speech Therapy | | |

Branch: LUTHERAN SOCIAL SERVICES HOMECARE-WALWO **PHONE:** (262) 248-6276 **FAX:** (262) 248-8475
N3155 HIGHWAY H
LAKE GENEV WI 53147

Branch: LUTHERAN SOCIAL SERVICES HOMECARE-WHITE **PHONE:** (262) 473-2864 **FAX:** (262) 473-8044
417 W. MAIN STREET
WHITEWATE WI 53190

Branch: LUTHERAN SOCIAL SERVICES HOMECARE-MILWAU **PHONE:** (414) 281-4400 **FAX:** (414) 672-1890
1300 S. LAYTON BLVD
MILWAUKEE WI 53215

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| Lic. 1059 | SDC HOME & HEALTHCARE | CHRISTOPHER PETERS | SOUTHEASTERN |
| Cert. 52- | 11931 W. BLUEMOUND RD. | (414) 256-3680 | |
| | WAUWATOSA, WI 53226 | FAX: (414) 256-3699 | |

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| Services Provided: | Home Health Aide | Homemaker | Nursing |
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| Lic. 278 | PREFERRED HOME HEALTH SERVICES, LLC. | CHERYL SAUER | SOUTHEASTERN |
| Cert. 52-7235 | 9800 W. BLUEMOUND RD | (414) 774-3901 | |
| Certified for Medicaid | WAUWATOSA, WI 53226 | FAX: (414) 774-0356 | |

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| Services Provided: | Home Health Aide | Homemaker | Laboratory | Nursing Care |
| | Occupational Therapy | Personal Care Worker | Physical Therapy | Speech Therapy |

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

09/21/2006

Page 8 of 9

License and
Certification
Numbers
**DIRECTORY OF LICENSED WISCONSIN HOME
HEALTH AGENCIES by County Served**

Please note all facilities below are certified to serve Medicare recipients.
Those also certified to serve Medicaid recipients are indicated at the left.

STATE OF WISCONSIN

Bureau of Quality Assurance

P.O. Box 2969

Madison, WI 53701-2969

Provider Name and Address

Administrator and Phone

Region

COUNTY SERVED: Milwaukee

| | | | |
|-------------------------------|------------------------------|----------------------------|--------------|
| Lic. 122 | ANEW HOME HEALTH CARE | SALLY SPRENGER | SOUTHEASTERN |
| Cert. 52-7136 | 7425 HARWOOD AVE | (414) 475-7788 | |
| Certified for Medicaid | WAUWATOSA, WI 53213 | FAX: (414) 475-5215 | |

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|---------------------------|----------------------|------------------------|----------------|----------------------|
| Services Provided: | Home Health Aide | Medical Social Service | Nursing Care | Occupational Therapy |
| | Personal Care Worker | Physical Therapy | Speech Therapy | |

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|-------------------------------|------------------------------------------|----------------------------|--------------|
| Lic. 148 | CAMILLUS CARES HOME HEALTH AGENCY | SUSAN SERENO | SOUTHEASTERN |
| Cert. 52-7164 | 10101 W WISCONSIN AVE | (414) 258-2418 | |
| Certified for Medicaid | WAUWATOSA, WI 53226 | FAX: (414) 259-4534 | |

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|---------------------------|----------------------|------------------|----------------------|----------------------|
| Services Provided: | Home Health Aide | Nursing Care | Nutritional Guidance | Occupational Therapy |
| | Personal Care Worker | Physical Therapy | Speech Therapy | |

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|-------------------------------|---------------------------------------|----------------------------|--------------|
| Lic. 306 | ANS HOME HEALTH SERVICES, INC. | KIM ELLIS | SOUTHEASTERN |
| Cert. 52-7248 | 2711 S 84TH ST | (414) 481-9800 | |
| Certified for Medicaid | WEST ALLIS, WI 53227 | FAX: (414) 481-9808 | |

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|---------------------------|----------------------|----------------------|------------------------|------------------|
| Services Provided: | Home Health Aide | Laboratory | Medical Social Service | Nursing Care |
| | Nutritional Guidance | Occupational Therapy | Personal Care Worker | Physical Therapy |
| | Speech Therapy | | | |

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|-----------|--------------------------------|----------------------------|--------------|
| Lic. 287 | GENTIVA HEALTH SERVICES | PATRICK TOPP | SOUTHEASTERN |
| Cert. 52- | 10909 W. GREENFIELD AVE. | (414) 257-1156 | |
| | WEST ALLIS, WI 53214 | FAX: (414) 257-1733 | |

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|---------------------------|----------------------|----------------------|------------------------|----------------|
| Services Provided: | Home Health Aide | Homemaker | Medical Social Service | Nursing Care |
| | Nutritional Guidance | Occupational Therapy | Physical Therapy | Speech Therapy |

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|----------------|---------------------------|------------------------------|----------------------------|
| Branch: | GENTIVA HEALTH SERVICES | PHONE: (262) 636-9036 | FAX: (262) 636-9029 |
| | 1300 S. GREEN BAY RD #200 | | |
| | RACINE WI 53406 | | |

| | | | |
|-------------------------------|--------------------------------|----------------------------|--------------|
| Lic. 237 | GENTIVA HEALTH SERVICES | PATRICK TOPP | SOUTHEASTERN |
| Cert. 52-7207 | 10909 W GREENFIELD AVE | (414) 257-1156 | |
| Certified for Medicaid | WEST ALLIS, WI 53214 | FAX: (414) 257-1733 | |

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|---------------------------|----------------------|------------------------|------------------|----------------------|
| Services Provided: | Home Health Aide | Medical Social Service | Nursing Care | Nutritional Guidance |
| | Occupational Therapy | Personal Care Worker | Physical Therapy | Speech Therapy |

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|-------------------------------|----------------------------------------|----------------------------|--------------|
| Lic. 279 | PROFESSIONAL HOME CARE SERVICES | BARBARA KOZLOSKY | SOUTHEASTERN |
| Cert. 52-7240 | 10827 W. LINCOLN AVENUE | (414) 541-6010 | |
| Certified for Medicaid | WEST ALLIS, WI 53227 | FAX: (414) 541-5509 | |

| | | | | |
|---------------------------|----------------------|----------------------|------------------|----------------|
| Services Provided: | Home Health Aide | Homemaker | Laboratory | Nursing Care |
| | Occupational Therapy | Personal Care Worker | Physical Therapy | Speech Therapy |

License and
Certification
Numbers

DIRECTORY OF LICENSED WISCONSIN HOME
HEALTH AGENCIES by County Served

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison, WI 53701-2969

Provider Name and Address

Administrator and Phone

Region

COUNTY SERVED: Milwaukee

| | | | |
|-------------------------------|------------------------------|----------------------------|------------------------|
| Lic. 1031 | ASERACARE HOME HEALTH | JOANNE KLINKO | SOUTHEASTERN |
| Cert. 52-7282 | 6737 W WASHINGTON ST, SU3200 | (414) 607-0347 | |
| Certified for Medicaid | WEST ALLIS, WI 53214 | FAX: (414) 607-0376 | |
| Services Provided: | Appliances And Equipment | Home Health Aide | Laboratory |
| | Nursing Care | Nutritional Guidance | Medical Social Service |
| | Physical Therapy | Speech Therapy | Pharmacy |
| | | Occupational Therapy | |